HIV Reporting Update – October 2006

California Law Requiring HIV Reporting by Name

On April 17, 2006, a new California law took effect, changing the way that HIV cases are reported. The new law requires that health care providers, laboratories, and local health departments (LHDs) report cases of HIV infection using patient names instead of coded identifiers. For more information about the new HIV reporting law, visit the California Department of Health Services, Office of AIDS (CDHS/OA) Web site at www.dhs.ca.gov/AIDS.

Monthly HIV/AIDS Statistics

On a monthly basis, OA disseminates summary statistics that describe the extent of California's HIV/AIDS epidemic. These routine surveillance reports are available on OA's Web site at www.dhs.ca.gov/AIDS/Statistics. Beginning in April 2006, the monthly HIV statistics published by OA reflect the number of HIV cases reported by name. For HIV statistics based on cases reported by non-name code, refer to surveillance reports published prior to April 2006, available on OA's Web site.

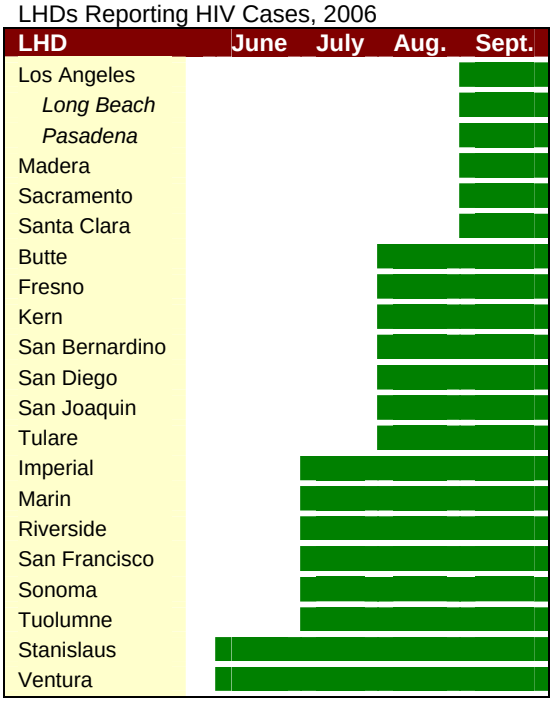
Since implementation of the new HIV reporting requirements, a total of 1,752 HIV cases have been reported by name. In September 2006, the number of HIV cases incorporated into the state's surveillance system increased significantly when six additional LHDs, including Los Angeles, began submitting HIV case reports by name. Currently, a total of 21 LHDs in California have reported HIV cases by name.

Name-Based HIV Cases Reported, 2006

Month	Total Cases	New Cases
May	0	0
June	40	40
July	131	89
August	598	461
September	1, 752	1,162

Source: CDHS/OA, HIV/AIDS Case Registry Section, data as of September 30, 2006. For more information, call the HIV/AIDS Case Registry Section at (916) 449-5866.

LHDs Reporting HIV Cases, 2006



National Data Processing Initiative

The Centers for Disease Control and Prevention (CDC), Division of HIV/AIDS Prevention, has launched a national initiative aimed at consolidating HIV/AIDS Reporting System (HARS) data into CDC's new surveillance software, eHARS. This initiative, the National Data Processing Initiative (NDPI), involves data cleaning and the conversion of HARS data into the new eHARS format. NDPI applies CDC criteria to identify HARS records that contain errors such as missing values, invalid values, or inconsistencies among certain fields. CDC has determined that records with such errors are no longer eligible to be included in the national HIV/AIDS surveillance dataset, and has notified OA that California will lose some AIDS cases that were previously counted in the national dataset unless errors associated with these cases are corrected. OA has reviewed the list of problem cases, and has notified LHDs with cases at risk so that LHD HIV/AIDS surveillance program staff can provide corrected case information to OA. LHD

staff with questions or technical assistance needs regarding NDPI should contact their OA surveillance coordinator.

Technical Assistance – Questions and Answers

1. **Are all HIV cases reported after April 17, 2006, considered "new" cases, including those previously reported code-based cases that were updated by name following an HIV-related test performed on or after April 17, 2006?**

   CDHS/OA does not apply an official definition to classify surveillance cases as "new" for reporting purposes. However, cases that have never been reported to the HIV/AIDS surveillance system are distinguished from those cases that have been reported previously. OA considers a case *previously reported* if it has ever been reported to the surveillance system, regardless of whether the report was by code or by name.

2. **How are case residency assignments made for HIV cases that were diagnosed with HIV in one local health jurisdiction and then progressed to AIDS in another jurisdiction?**

   Typically, HIV cases progress to AIDS within the same reporting jurisdiction. However, sometimes an HIV case will be reported by one jurisdiction and will later be reported as an AIDS case by a second jurisdiction. In these situations, OA will credit the case to the first jurisdiction as an HIV case and to the second jurisdiction as an AIDS case. Only cases reported to HARS as HIV cases prior to the submission of an AIDS case report are eligible to be shared by jurisdictions. Changes to CDC policies for case residency assignment in the future may require a revision to this practice.

   Procedures for assigning a state identification number (STATENO) to these cases will vary depending on whether the initial report of HIV occurred before or after April 17, 2006. OA has prepared a step-by-step overview of STATENO assignment for these cases. This technical assistance document has been distributed to LHD HIV/AIDS surveillance program staff and is available on OA's Web site.

3. **My health department has questions about interpreting the new HIV reporting law and how it applies to specific HIV reporting situations. What assistance can CDHS/OA provide?**

   CDHS has released a number of guidance documents to assist LHDs in transitioning to HIV reporting by name. These documents are available on OA's Web site at www.dhs.ca.gov/AIDS/HIVReporting. If your health department has reviewed all of these documents and still has questions or concerns about how to proceed in specific reporting situations, please seek your health department's legal counsel's advice regarding those questions or concerns. CDHS has advised that LHDs should consult with their county counsels if they need any assistance in interpreting the HIV name-based reporting law.

4. **Are LHDs responsible for obtaining the informed consent of patients for HIV testing? If not, how does the wording of the patient consent affect reporting by LHDs?**

   The health care provider or facility providing HIV testing or treatment services is responsible for ensuring that appropriate informed consent takes place. If LHD staff must abstract information from a medical record to complete a case report form, CDHS advises that all parties be mindful of the wording of the patient consent. If the wording of the patient consent would disallow reporting of a case by name, CDHS advises that LHDs recommend to the health care provider that s/he informs the patient about the new reporting requirements and documents in the chart that the patient was informed. CDHS/OA suggests that LHDs report these cases at the time of the first HIV-related test they receive after the informing and documenting occur.